

IN PATIENT SUMMARY BILL

UHID	: MHI202483195	Bill No	: MMH/HM/IPH202400987
IP No	: IPH2024000969	Bill Date	: 27/04/2024
Patient name	: Mr.RAMAKRISHNAN	DOA	: 23/4/2024 8:16AM
Age	: 68 Y 10 M 27 D/Male	DOD	:
		Entity Type	: Insurance
		Entity Name	: STAR HEALTH AND ALLIED
Consultant Name	: Dr.K.JAISHANKAR	TPA	: STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 17,400.00
3	CARDIOLOGY PACKAGE-HEART	₹ 116,086.00
4	DIET CHARGES	₹ 4,400.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
6	EQUIPMENT	₹ 1,000.00
7	GENERAL PROCEDURE	₹ 500.00
8	IMPLANT	₹ 51,742.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	IP REGISTRATION	₹ 150.00
11	LABORATORY	₹ 3,488.00
12	MEDICAL RECORD CHARGE	₹ 200.00
13	NURSING CHARGE	₹ 3,600.00
14	PHARMACY CHARGE	₹ 25,971.00
15	PROFESSIONAL TEAM FEES	₹ 55,000.00
16	RADIOLOGY	₹ 960.00
Gross Amount		₹ 285,697.00
Sanction Amount		₹ 252,664.00
Net Payable		₹ 285,697.00
Advance Amount		₹ 100,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 66,967.00

Received Amount in Words : One Lakh Zero Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/04/2024	MMH/HM/RECAP2024011	CARD	Advance Amount	100,000.00

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	CIR/2025/612015/0102302	252,664.00